

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-3607.M4

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/16/03.

I. DISPUTE

Whether there should be additional reimbursement for a bone stimulator – E0747 delivered 6/17/02 and reduced by the respondent based upon M – fair and reasonable.

II. RATIONALE

Rule 133.307 (g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. Rule 133.307 (g)(3)(E) requires that any documentation that contains confidential information regarding a person other than the injured employee for that claim or a party in the dispute must be redacted by the party submitting the documentation, to protect the confidential information and the privacy of the individual. Unredacted information shall not be considered in resolving the medical fee dispute.

The requestor submitted redacted copies of EOBs supporting that other carriers considered the billed price for the disputed bone stimulator to be fair and reasonable.

Commission Rule 133.307 (g)(3)(D) states, “ if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §133.1 of this title (relating to Definitions) and §134.1 of this title (relating to Use of the Fee Guidelines);”

The respondent supported their position by listing 3 payments for the same disputed service indicating a lower fair and reasonable payment being made by the carrier.

The EOBs supplied by the requestor support their charges as reasonable and necessary more convincingly than the single page of unsubstantiated information supplied by the respondent. On this basis, additional reimbursement for the disputed bone stimulator is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to additional reimbursement for bone stimulator - E0747

in the amount of **\$2,535.65**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$2,535.65** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of January 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/nlb